



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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|---|------------------------|------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/622,801 |
| | Filing Date | July 18, 2003 |
| | First Named Inventor | Amir BELSON |
| | Art Unit | 3739 |
| | Examiner Name | Not Yet Assigned |
| | Attorney Docket Number | 514812000105 |
| Total Number of Pages in This Submission | | 4 |

ENCLOSURES (Check all that apply)

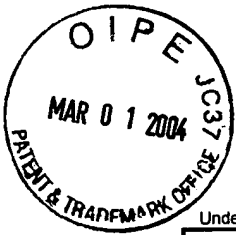
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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent (in triplicate) - 3 pages 2. Return Receipt Postcard |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|---|
| Firm or Individual name | MORRISON & FOERSTER LLP (Customer No. 25226) E. Thomas Wheelock - 28,825 |
| Signature | |
| Date | February 25, 2004 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 2/26/04 Signature: (Thao T. Pham)



PTO/SB/83 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035

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| REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT | Application Number | 10/622,801 |
| | Filing Date | July 18, 2003 |
| | First Named Inventor | Amir BELSON |
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| | Examiner Name | Not Yet Assigned |
| | Attorney Docket Number | 514812000105 |

Commissioner for Patents
To: P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

This request is being made at the request of Neoguide Systems, Inc.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

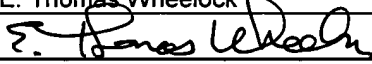
☐ Customer Number
OR

☒ Firm or Individual Name James Shay (Wilson Sonsini Goodrich Rosati)

Address 650 Page Mill Rd
City Palo Alto State California Zip 94304
Country
Telephone (650) 493-9300 Fax

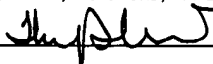
- ☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number

This request is enclosed in **triplicate** (including any attachments).

Name E. Thomas Wheelock
Signature  Registration No. 28,825
Date February 23, 2004

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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OR

☒ Firm or Individual Name James Shay (Wilson Sonsini Goodrich Rosati)

Address 650 Page Mill Rd

City Palo Alto State California Zip 94304

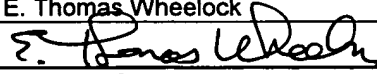
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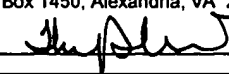
Name E. Thomas Wheelock

Signature  Registration No. 28,825

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